

AMENDED
FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5248	2. Fiscal Year Covered From: <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px;">11</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2004</div> Through: <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">31</div> / <div style="border: 1px solid black; padding: 2px;">2004</div></div>
3. Name and address of person filing. Name Thomas... P.O. Box, Bldg., Room No., if any Street 109 Chester Pike City Norwood State PA ZIP Code + 4 19074	4. Name, file number, and address of labor organization. Name Teamsters Local 700 Labor Organization File Number 041-187 P.O. Box, Building and Room Number, if any Street 3565 Sepviva Street City Philadelphia State PA ZIP Code + 4 19134
5. Position in labor organization. 	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; width: 100%; background-color: black;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%; background-color: black;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On Date 11/15/05 Telephone Number

Name of Person Filing	Thomas Hummel	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Teamsters H&W Plan of Phila</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>125 N. 5th Street</u> City <u>Philadelphia</u> State <u>PA</u> ZIP Code + 4 <u>19106</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	11.a. Nature of such dealing. <u>Administers of Teamsters H&W Plan of Philadelphia & Vicinity</u> 11.b. Approximate dollar value of such dealing. <u>\$0</u> 11.a. Nature of interest held or income received. <u>Received reimbursement for travel, lodging and meals for 4 day annual meeting of the Board of Trustees from May 2 through May 6, 2004 in Marco Island, FL</u> 12.b. Amount. <u>\$2,855.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	14.a. Nature of payment. <u></u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u></u>

Name of Person Filing Thomas Hummel

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Alliance Bernstein
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1345 Avenue of the Americas
City New York
State NY ZIP Code + 4 10105

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Pension Fund of Phila.
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 125 N. 4th Street
City Philadelphia
State PA ZIP Code + 4 19106

11.a. Nature of such dealing.

Manages investments for Teamsters Pension Fund of Philadelphia and Vicinity

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

My wife and I attended a dinner as guests of Alliance Bernstein during our annual meeting of the Board of Trustees of the Teamsters Pension Fund in Marco Island, FL on May 2, 2004.

12.b. Amount.

\$380.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	Thomas Hummel	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Federation of Employee Benefits Plan
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 18700 W. Bluemond Road
City Brookfield
State Wisconsin ZIP Code + 4 06040

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters H&W Plan of Phila. & Vicinity
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 125 N. 4th Street
City Philadelphia
State PA ZIP Code + 4 19106

11.a. Nature of such dealing.

IFEP provides educational services to employee benefit plans and their trustees

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Received annual dues and fees and registration for meeting in Atlantic City, NJ

12.b. Amount.

\$1,282.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	Thomas Hummel	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SEI Investments
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street One Freedom Valley Drive
City Oaks
State PA ZIP Code + 4 19456

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Pension and H&W Funds
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 125 N. 4th Street
City Philadelphia
State PA ZIP Code + 4 19106

11.a. Nature of such dealing.

Manages Investments for the Teamsters Pension and H&W Funds of Philadelphia and vicinity

11.b. Approximate dollar value of such dealing.

\$272,661.00

12.a. Nature of interest held or income received.

My wife and I attended a dinner as guests of SEI Investments during the annual meeting of the Board of Trustees of the Teamsters Pension and H&W Funds in Marco Island, FL in May 2004

12.b. Amount.

\$220.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Thomas Hummel**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Teamsters Pension Plan of Phila**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **125 N. 4th Street**

City **Philadelphia**

State **PA** ZIP Code + 4 **19106**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Administers Teamsters Pension Fund of Philadelphia & Vicinity

11.b. Approximate dollar value of such dealing.

50

12.a. Nature of interest held or income received.

Received reimbursement for travel, lodging, and meals for 4 day annual meeting of the Board of Trustees from May 2 through May 6, 2004 in Marco Island, FL

12.b. Amount.

\$2,855.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	Thomas Hummel	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Foundation of Employee Benefits Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18700 W. Bluemond Road

City Brookfield

State Wisconsin

ZIP Code + 4 06040

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Pension Plan of Phila.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 N. 4th Street

City Philadelphia

State PA

ZIP Code + 4 19106

11.a. Nature of such dealing.

IFEP provides educational services to pension fund and their trustees.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Received annual dues and registration for meeting in Atlantic City, NJ

12.b. Amount.

\$1,282.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

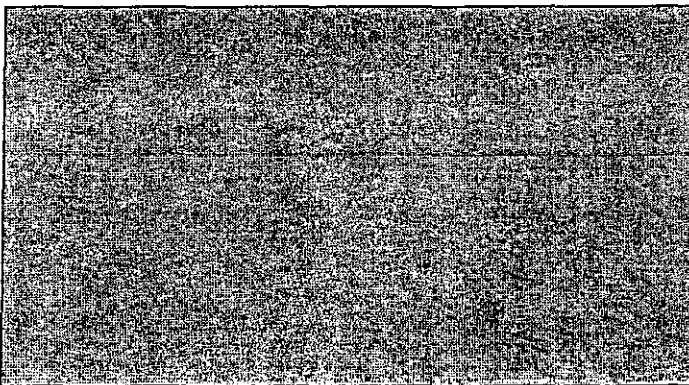
Street

City

State

ZIP Code + 4

14.a. Nature of payment.



13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.